PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

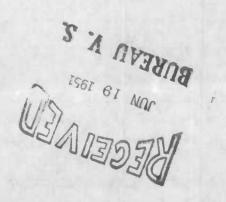
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06452 lst. No. 35/

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y al.
CITY (If outside corporate limits, write RURAL and OR give nearest toom) TOWN MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Survey)	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET R J & (If rural, give location)	oun.
3. NAME OF DECEASED (First) (Middle) Grutt (Type or Print) Levice L. Britt	(Last) 4. DATE (Month) OF DEATH THINK.	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spenish)	DATE OF BIRTH 2. AGE last birthday If under Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Output O	3. BIRTHPLACE (State or foreign country) Bulling Mid R J D 12	COUNTRY?
18. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. W.S DECRASED EVER IN U.S. ARMED FORDS? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	m Hill Mil
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	* > /	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Arterroselerofi	e My ocarditis	unlengur
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	rombosis	1 day
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.	3, 195/., to June 15, 19.5/, that I last s	aw the deceased
alive on 195., 195., and that death occurred at SIGNATURE: (Degree or title)	ADDRESS from the causes and on the date st	tated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	Thou Hell Maryland ERY OR CREMATORY LOCATION (City, town, or coun	715/5.1 (ty) (State)
REMOVAL (Specify) 6/18/51 Evers	124. FUNERAL DIRECTOR	mp
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 6/6/5/ REGISTRAR'S SIGNATURE	Drange A Burbon Be	Lin Mal
	0	and the same



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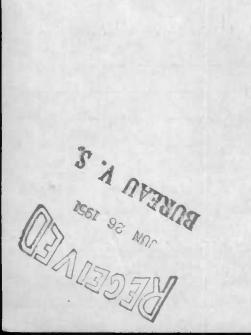
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 350

1. PLACE OF DEATH- COUNTY WORCESTEY MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland Word State		
241104 2 2011 2					
OR give nearest	town) Pocomoke	(in this place)	OR TOWN POCOMO	te limits, write RURAL and giv	ve nearest town)
HOSPITAL OR INSTITUTION OF	משמ י		STREET ADDRESS RFD 2	(If rural, give location)	
STREET ADDRES	35	SC(1)			
3. NAME OF DECEASED (Type or Print)	(First) Martha	(Middle) Ellen	(Last) Coulbourne	4. DATE (Month) OF DEATHJUNE 23.	(Day) (Year) 1951 19
Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIQOW	s. DATE OF BIRTH March 6 1862	9. AGE last birthday II under Months	I year Hours Min.
done during most of a	ATION (Give kind of work torking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or	foreign country)	CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
John Clu			Unknown		
15. Was DECEASED Ev (Yes No or unknown)	VER IN U.S. ARMED FORCES (If yes, give war of detection of the control of the con	7 16. SOCIAL SECURITY No.	Lewis Coulbou	rne, Pocomoke,	Md.
-		18. MEDICAL CE	ERTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH . /	0		INTERVAL BETWEEN ONSET AND DEATH
		(). () //		0	rala.
Immediate	e cause (a)(erecra 10	emoreu	3092	1) Cuya
11000 1		0. 1	1. A. B	1-10 0.	141
	onditions, if any, (b)	Indonum - Si	elleoup/pi	HID-181- NE	1 the
22 giving rise to	the above cause	0 101			
atating the u	nderlying cause last	Semelity	· .		
Conditions contribu	CANT CONDITIONS ting to the desth but not se or condition causing deat	ih.			
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (COUNTY)	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	CUR?	
OF INJURY	m.	While at Not While Work			
	ify that I attended the	a description (1911	: 195/ to trune	23195/, that I last s	now the descend
22. I nereby seru			- il 1		
alive on	CMU 4, 19.3) , Jan	d that death occurred at	ADDRESS from the	causes and on the date st	ated above. DATE SIGNED
K	ous of	Llewelyn	1, W.D. Vo	comoke att.	6/23/51
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THEREO	NAME OF CEMETE	1. Fam. (b)	OCATION (City, town, or coun Pagamake, Md	ty) (State)
DATE REC'D BY			24. FUNERAL DIRECTO		ADDRESS
REG. 25	1951 Ann	e Conthite	Henry H. Wat	son, Pocomoke,	Md.
7					



CERTIFICATE OF DEATH

	OBIGITION	E OF DERI	Keg. Dist.	No
I. PLACE OF DE TH.	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASEDOUN	1
CITY (If odtside corporate limits, write ROOR give nearest (5wn)	RAL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN	te limits, write RURAL and	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS R	(If rural give location)	
3. NAME OF (Fig.) DECEASED (Type or Print)	(Middle)	(Lage) Livis	4. DATE (Month) OF DEATH	(Day) (Year
5. SEX 6. GOLOR OR BACE	7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	8 DATE OF BIRTH Sept. 10-1931	9. AGE last birtbdey If un	der 1 year II under 24 h
10a. USUAL OCCUPATION Give kind of word done derive most of orking life, even if retired		W. BIETHPLACE (State of	r foreign country)	12, CITIZEN OF WHA
13. FATHER'S NAME OPEN	u	14. MOTHER'S MAIDEN	West.	
15. Was Deceased Ever In U.S. Armed Forci (Yes, 160 or unknown (If year, give war or date service)	ms? 16. SOCIAL SECURITY NO.	M. alria	. Dain Fe	ethe)
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION POWE	Unitle Inq	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTED	Casomina of K	Patern of Cal	m 242 &	1 MAG
Immediate cause (a)_	Carling of 1		or rue -	7
154 X Antecedent cause(s)	0 .0 +	020-1	0. 0	1 11
Diseases or conditions, if any, (b)	appellomana	rackoi er la	a es figures	of syrs
giving rise to the above cause stating the underlying cause last	6 Pulane	they ste	i metro tas	er 6 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de	m	and Eachers	in see & abo	ne 3 ms
19n. DATE OF OPERATION 19b. MAJOR		OF '	P. 1 . 1 T.	20. AUTOPSY?
SUICIDE OF	ACE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN)	Yes No (STATE)
HOMICIDE IN. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	DUR?	
		104P 11	o	
22. I hereby certify that I attended t	the deceased from			
	and that death occurred at	m., from the	causes and on the date	stated above.
SIGNATURE	(Degree or title)	ADDRESS	his	DATE SIGNED
Leamance.	cadays my	a sum,	mur	Jung 5
REMOVAL (Specify)	NAME OF CEMETE	RY OF OREMATORY L	OCCUPION (City town of co	My Ma (State)
DATE REC'D BY LOCAL REGISTRAR' REG.	S SIGNATURE,	24. FUNERAL DIRECTO	R.C. Salutus	ADDRESS
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35/ I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY MARYLAND CITY (II Jutaide corporate limits, write RURAL and OR give nearest town) LENGTH OF STAY CITY (If sutside corporate simple, write RURAL and give nearest town) this place) TOWN. HOSPITAL OR INSTITUTION OR STREET (If rurs, give location) ADDRESS STREET ADDRESS 3. NAME OF (Middle) (First) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 194 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10b. KIND OF DUSINESS OR INDUSTRY 6. COLOR OR BACE DATE OF BIRATE 9. AGE last birthday | If under 1 year | If under 24 hrs Montha | Days | Hours | Min. 10a USUAL OCCUPATION (Give kind of work HRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during boost of working life, evon if retired) INDUSTRY COUNTRY 13. FATHERS NAME 14. MOTHER'S MAIDEN AME 15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 17. INFORMANT AND ADDRESS service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY none none 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (Specify) (COUNTY) (STATE) SUICIDE office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work | 22. I hereby certify that I attended the deceased from 6-20, 1951, to 6-20, 19.51, that I last saw the deceased SIGNATURE DATE SIGNED LEMOYAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOSATION (City, jown, or county) (State) DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS



2411 N. Charles Street, Baltimore

,		CERTIFICAT	CE OF DEAT	TH Reg. D	vist. No. 354
I. PLACE OF DEATH-			2. USUAL RESIDENCE	(HOME) OF DECEASED)•
COUNTY Wordes	ter	MARYLAND	STATE Maryl	and Worces	BTST
CITY (If outside corporate	limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURAL	and give nearest town)
OR give nearest town) TOWN STOOK to	on	4 fin this place	Town Stock	ton	
HOSPITAL OR			STREET ADDRESS D.	(If rural, give loca	ition)
STREET ADDRESS	Rural		ADDRESS Ru	ral	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mon	th) (Day) (Year)
(Type or Print) M1:	nnie	В.	Miles	OF June	7, 1951
	LOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last hirthday I	funder I year IIf under 24 hr
Female Wh	ite	WIDOWED, DIVORCED, (Specify) TITE	Dec 16, 1880	70 vm. 1	Months Days Hours Min
10a. USUAL OCCUPATION	Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of working li	fe, even if retired)	INDUSTRY HOME	Virginia		COUNTRY?
13. FATHER'S NAME		Alome	14. MOTHER'S MAIDE	N NAME	
John W. Bund	ick		Emma Shrieve	S	
15. WAS DECRASED EVER IN U	J.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Year no, or unknown) (If yes,	give wan or dates o	of	Robert Miles		Md.
		18. MEDICAL CH			
A DAMA CAR OB CONDIMI	ONG DIBEOMIV				INTERVAL BETWEEN
I. DISEASES OR CONDITIO	ONS DIRECTLY	LEADING TO DEATH	O_{i}	1	ONEET AND DEATH
Immediate cause	(a)	daixe July	monom cel	ema.	2 Hr-
WION			2 1/	0 1 11-	**************************************
14x X Antecedent cause	e(s)	My provence (1. detraseulas	1 Court Nines	10 mg
Diseases or condition giving rise to the abo	ve cause	Ellen Louden C	and your	Janes Janes	
of stating the underlying	g cause last	/			
	(c)				
II. OTHER SIGNIFICANT (he death but not	De con place	124		1 m-
related to the disease or con			- year		10 70
19a. DATE OF OPERATION	19b. MAJUR E	INDINGS OF SPERATION			20. AUTOPSY?
	1 1 1 1 1 1 1	35 W	COMMAN	Mown to	Yes No N
21. ACCIDENT (Spec	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (CO	UNTY) (STATE)
HOMICIDE	INJU		HOW DED WITHING A	OCITOR	
TIME (Month) (Day)	(Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CURT	
INJURY	m.	Work At work	1		
on Visible and the	T attended the	e deceased from	1051 to //110	17 1051 what T	last som the decess
22. I hereby certify that		//	. /	/	
alive on Mul	7 195/ an	d that death occurred at	12:30 Pm from the	e causes and on the	date stated above.
SIGNATURA	1.0.	(Degree or title)	ADDRESS		DATE SIGNED
(lake M	Xa MA	in - MD	man Hill		818151
1 company	DATE THE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (Class 1	9931
23. RURIAL, CREMATION REMOVAL (Specify)	DATE THERE			LOCATION (City, town,	. /
	679/51	Gumby Memo	24. FUNERAL DIRECT	Stockton, Mo	
DATE REC'D BY LOCAL REGO					ADDRESS
1 9 1951	MI Care	ly landon	Henry H. Wa	uson, rocomo	ke, Md.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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06457

A	2411 N. Charles Street, Baltimore	
COLLEG	CERTIFICATE OF DEATH Reg. Dist. N	. 355
The	1. PLACE OF DEATH- COUNTY Worcester MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY COUNTY	y sed.
of information carefully. death clearly and legibly.	CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and glore nearest town) (in this place) (OR TOWN CITY (If outside corporate limits, write RURAL and glore town) (Or TOWN CITY (If outside corporate limits, write RURAL and glore town) (Or TOWN)	
n car	HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural, give location)	
matio arly a	3. NAME OF DECEASED (Middle) (Last) 4. DATE (Month) OF DEATH OF DEATH OF	(Day) (Year) /0 195/
infor th cle	(Specify) Marrie 1. 17-37-1913 9 yrs.	Days Hours Min.
m of	done during most of working life, even if retired) (NOUSTRY Laborer Chicken factor) Maryland	COUNTRY?
ry ite	13. FATHER'S NAME Bill Townsend 14. MOTHER'S MAIDEN NAME Tooks	
y eve	15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of 222-07-2726 The Otto Muniford	
Supply every item e write the causes of	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
INK. please	Immediate cause (a) Carcumu g Wenu c [7] (X Antecedent cause(s)	Kno
ING ians:	Diseases or conditions, if any, (b) Severally of metas Faries	
FAD hysic	II. OTHER SIGNIFICANT CONDITIONS	3 mg
E T	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
用智	Ange SI Cu 7 Charac T Say to Take to	20. AUTOPSY?
WIN	72I. ACCIDENT (Specify) SUICIDE (Home, farm, factory, street, OF office bldg., etc.) IIOMICIDE (INJURY)	(STATE)
PLAINLY, WITH UNFADING s especially important. Physicians:	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	
PLA]	22. I hereby certify that I attended the deceased from 200, 19.50, to 19.50, to 19.50, that I last s	
WRITE	alive on 1951, and that death occurred at 2 2 mm, from the causes and on the date st SIGNATURE (Degree or title)	ated above. DATE SIGNED
	Hearman a Kalinis M. A Benlin, hul	1 Jan 51
ASE	23. BURIAL, CREMATION DATE REMOVAL (Specify) June 12, 1957 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or coun	(State)
E	DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS

MARGIN RESERVED FOR BINDING



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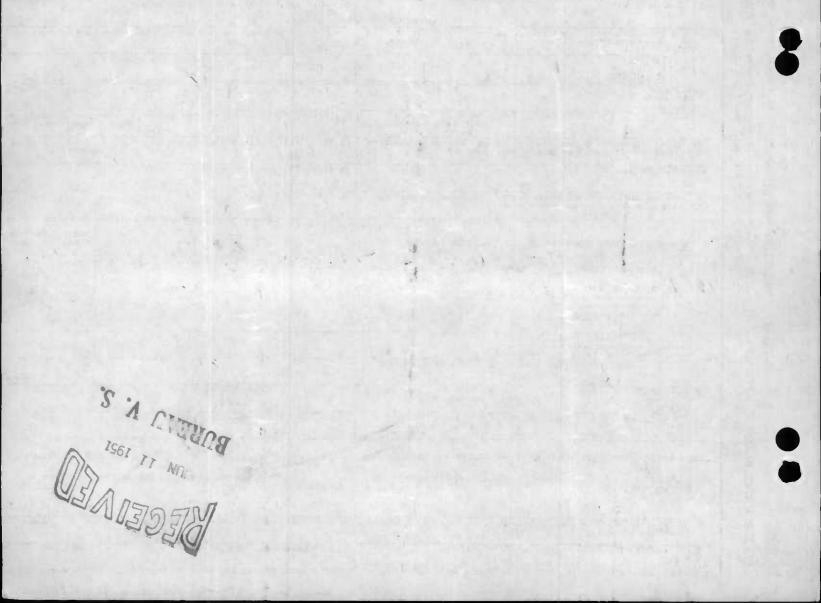
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06458

Reg. Dist. No. 3.55 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and OR give nearest town) LENGTH OF STAY (in this place) OR TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS 4. DATE (Middle) (Month) (Day) (Year) 3. NAME OF (First) (Last) DECEASED (Type or Print) DEATH 195 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months [Days Hours Min. 880 10a. USUAL OCCUPATION (Give kind of work dome during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT LUDUSTRY COUNTRY un 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bldg., etc.) INJURY HOMICIDE HOW DID INJURY OCCUR? (Hour) INJURY OCCURRED TIME (Month) (Day) (Year) While at Not While OF Work At work INJURY that I last saw the deceased 19..... , and that death occurred at...... m., from the causes and on the date stated above. alive on. DATE SIGNED (Degree or title) ADDRESS SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAE, CREMATION REMOVAL (Specify) DATE THEREOF (State) REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL Mark



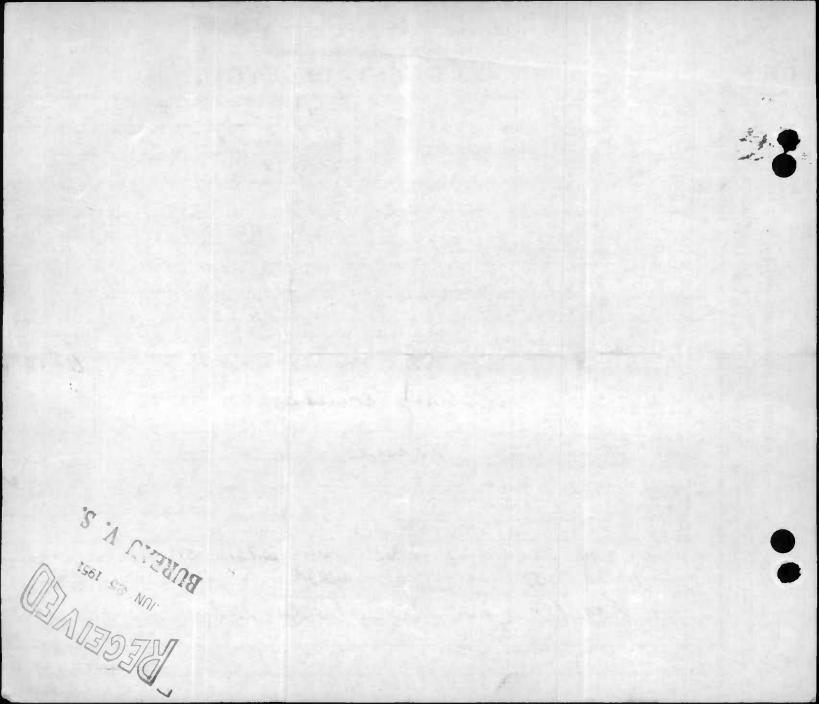
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1645.9) Reg. Dist. N. 3.53

1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	xgl T
	CITY (If outside corporate limits, write RURAL and gi	porceur
CITY (If outside eprporate limits, write RURAL and CR give nearest town) (in this place) TOWN	OR TOWN Bushapulle	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If ural, give location) ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(D)
(Type or Print) aul (alleris 1)	(Last) 4. DATE (Month) OF DEATH (Une	(Day) (Year) 21 1951
Male White Stranger, Windle White	MAY 14 1876 9. AGE last birt day If under Months.	1 year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired) ONLY OF BUSINESS OF STORY	It. BIRTHYACE (State or foreign country)	CONTRY AWHAT
13. TATTER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Minister 1. 1 agre	
(Yes, no, or unknown) (If year tile war 1) tes of	Bill Margre, Paralin, med	
A DETENDING OF	In The Control of the	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	ONSET AND DEATH
Immediate cause (a) Cerebral	Vemanhoge	6 hrs
23/X Antecedent cause(s)		
3 3/ Antecedent cause(s)	doine:	
Diseases or conditions, if any, (b) (b)	emace	*** *** ** ** *************************
83 a giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🏕
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.	HOW DID INJURY OCCUR?	
	1	
22. I hereby certify that I attended the deceased from first	, 1948, to seed 21 : 1951, that I last s	saw the deceased
. / 2/ 2/	1.1100	
alive on 6 2, 1957, and that death occurred at 3 SIGNATURE (Degree or title)	Line, from the causes and on the date st	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
has. N. Low. MA	Birlin Med James	21-1951
22 RURIAL, CREMATION DATE 13, 1951 NAME OF CEMETE	OR CREMATORY LOCATION City town, or coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS'
Mile 21/1954 Mrs A. Roy Bergel	Telen Whaley Both	The state of
	2906 the Silles	the Del



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06460 No. 350

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY	STATE
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN (in this place)	TOWN PACALLY CL
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS / Fried	ADDRESS
3. NAME OF (First) (Middle)	/(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Saired Through	A 607 11 1-16 DEATH 6 26 1987
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
WIDOWED, DIVORCED, (Specify) / Marie 14	11/15/1887 63 yrs. Mohadas Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	IV. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!
done during most of working life, even if retired) Industry	Partales 100
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bound Stores	Curio Hielleran
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of	of of the second of
service) ///	fit of the last your first of the
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
House Co.	conserve (Mes) is in a 10 minute
Immediate cause (a) TEULE COY	orient occiosion remine
11001.	
Antecedent cause(s) Diseases or conditions, if any, (b)	willy thelass with
giving rise to the above cause	
93 d stating the underlying cause last (c)	Oranary Heraulasis 6 months
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
198. DATE OF OPERATION	Var Cl. No A
1 PV ACE (III - 1 for forter street	Yes No ✓ Yes No ✓ (CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITTON TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	I HOW DID INJURY OCCUR?
OF While at Not While	
INJURY m. Work At work	n 01 61
22. I hereby certify that I attended the deceased from	7, 19 to June 20, 195 , that I last saw the deceased
0 226 51	500
alive on the document at and that death occurred at	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Louis H. Homeline W.	N - PARQUATED [1/11 6/28/57
e pour v. principle, 199	CRY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION DATE, THEREOF NAME OF CEMETE	
REMOVAL (Specify) 6/28/51 Pour Celis	y Cureline Yankery Va:
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	- 1 / / / / / / / / / / / / / / / / / /
PATE REC'D BY LOCAL RIGISTRAR'S SIGNATURE	y Cureline Yankeney Va:
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR ADDRESS.



2411 N. Charles Street, Baltimore

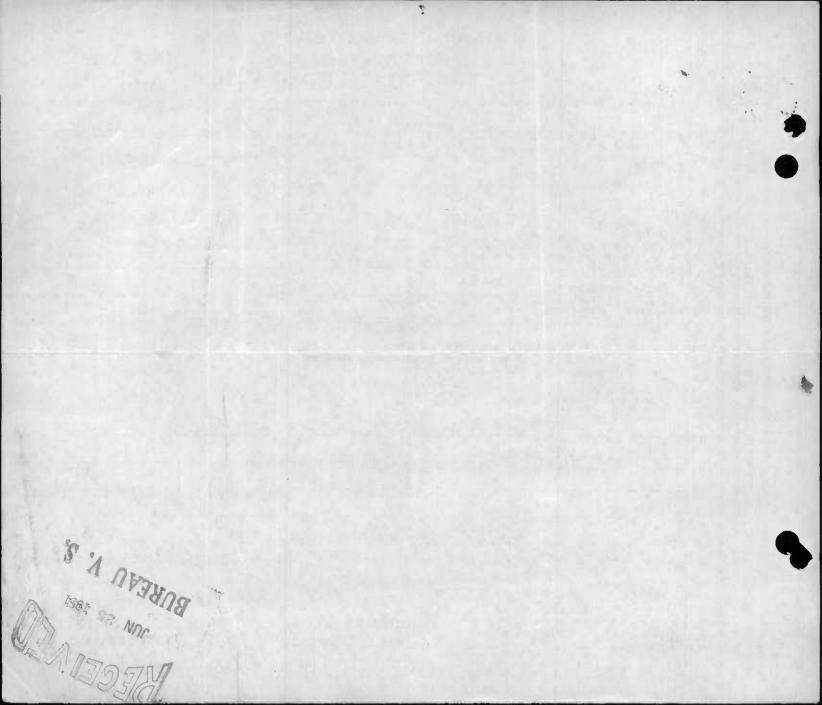
CERTIFICATE OF DEATH

Reg. Dist. No. 350

/					
I. PLACE OF DEATI	I.			E (HOME) OF DECEASE	
COUNTY	Worcester	MARYLAND	STATE Man	vland	COUNTY
	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (II outside co	rporate limits, write RURA	
OR givo nearest TOWN	town) Pocomoke	Lifetime	OR TOWN POC	omo ke	
HOSPITAL OR		/	STREET	(If rural, give lo	cation)
INSTITUTION OF STREET ADDRESS	Route 2		ADDRESS Rou	ite 2	
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Mo	ontb) (Day) (Year)
DECEASED (Type or Print)	James	н.	Teagle	OF DEATH Jun	20 20-2
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		If under 1 year If under 24 hrs
Male	Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	March 1869	82 yrs.	Months Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT
done during most of w	vorking life, even if retired)	INDUSTRY	Maryland		US COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIL	DEN NAME	
Nace To	sagle		Jane Shield	B	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AT	ND ADDRESS	
(Yes, no of unknown)	(If yes, give war or dates of lservice)	None	Upshur Teag	le. Rt 2. Po	comoke, Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH		1 /	INTERVAL BETWEEN ONSET AND DEATH
		011 .	2	1).7.	
Immediate	e cause (a)	Associa,	Myseon	deles	1 gese
Managed Amendary	et congo(o)		//		
Diseases or	onditions, if any, (b)			s mandadad 00 danna qaran sabab sib sib dan 11 s s siyagan qaraqaya g qoo doo o o o o o	
giving rise to	the above cause inderlying cause last	- 17	0 0	+	
13/6	(c)	Character.	Hopke	-les	17000
II. OTHER SIGNIFI	CANT CONDITIONS		111		
Conditions contribu	iting to the death but not	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY C	OR TOWN) (C	COUNTY) (STATE)
SUICIDE HOMICIDE	OF	office bldg., etc.) JRY	•		
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY	OCCUR?	
OF INJURY	m.	While at Not While Work At work			
		0	V - 1	1- · ×7 ·	
		e deceased from			
alive on le	2016 1951 an	d that death occurred at	30 A m from	the causes and on the	date stated shove
SIGNAPORY	A Loringing on	(Degree or title)	ADDRESS		DATE SIGNED
	2 Vietelia	- ()-	- //	1 1 40	/
4	· course	TILL	The Charles	1 16.	6-21-57
23. BURIAL, CREM REMOVAL (Spec	ATION DATE THEREO		RY OR CREMATORY	LOCATION (City, town	
BUTTAL (Spec		St. James		IRt 2, Pocon	
DATE REC'D BY	//		24. FUNERAL DIRE		ADDRESS
Sine ad,	19511 ann	e Co. Mule	Henry H. W	atson, Pocon	oke, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS ALL



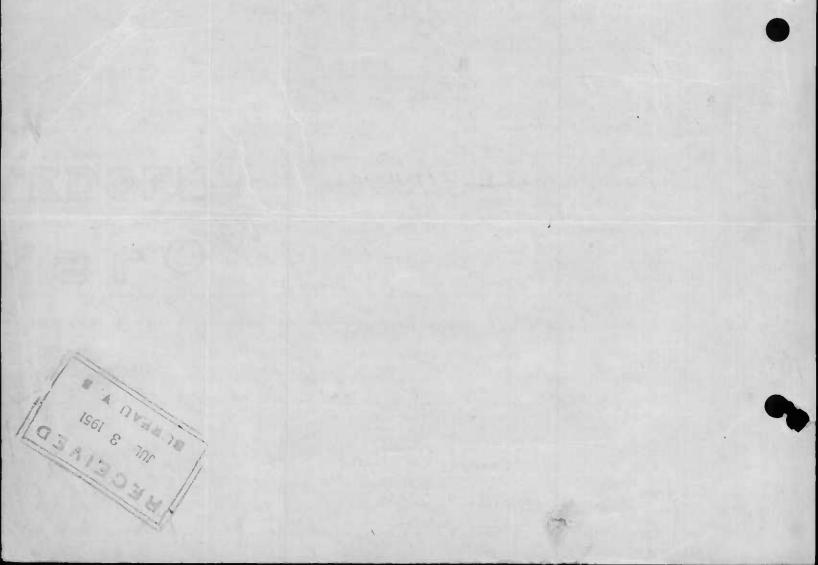
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

06463

CERTIFICATE OF DEATH FOR MEDICAL FYAMINERS

ect	CERTIFICATE OF DEATH
e cori	FOR MEDICAL EXAMINERS Reg. Dist. No. 357
Th.	1. PLACE OF DEATH OF DECEASED. COUNTY MARYLAND 2. USUAL RESIDENCE MOME) OF DECEASED. COUNTY COUNTY OF DECEASED.
arefully legibly.	OR give nearest town) OR give nearest town) OR give nearest town) OR TOWN
information carefull th clearly and legibly	HOSPITAL OR INSTITUTION OR STREET ADDRESS MONING STREET ADDRESS (If rural, give logation) ADDRESS ADDRESS
formatic clearly	3. NAME OF DECEASED (Pirst) (Pirst) (Haet) (Last) (A. DATE OF DECEASED (Type or Print) (Dear) (Part) (Dear)
death cle	5. SEX 6. COLOR Of RACE 7 SINCLE, MARRIED. WIDOWED DIVORCED, (Specify) 8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hr Months Days Hours Min.
E	10a. USUAL OCCUPATION (Give kind of work) dene during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME
every ite	David I I refund Stevence & Freene
アは	15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, five war or dates of 2/7-12490) 17. INFORMANT AND ADDRESS 18. Social Security No. 17. INFORMANT AND ADDRESS 18. Social Security No. 17. INFORMANT AND ADDRESS 18. Social Security No. 18.
Suppl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
UNFADING INK. t. Physicians: please	823. 5 Antecedent cause (s) due to building fractures of the letter of the stating the underlying cause last last last the stating the underlying cause last last last last last last last last
UNF t. Ph	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
WITH	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
Y, W	21. EXTERNAL AUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. PLACE (Hame, farm, factory, street, or CLEY OR TOWN) CAUSE OF DEATH. COUNTY) (STATE)
AINL	TIME (Month) (Day) (Year) (Hough INJURY OCCUPRED HOW DID INJURY OCCUP? OF INJURY form 28/1/1) gm. While at Not while at work at work at work of the w
I'FE PLA	22. I certify that I took charge of the remains described above, held an Autopsy , Inspection of Inquiry of thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural duses, accident suicide, homicide undetermined. SIGNATURE: DATE SIGNED
S WR	In 1. 6- avours Set Meskan Jacomer utille dest.
EASE	23. BHATAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, 2 TOWNERAL DIRECTOR ADDRESS REG. 6/30/5/ 12 Ecoy Swith HUMB. ammit Ammilled mo



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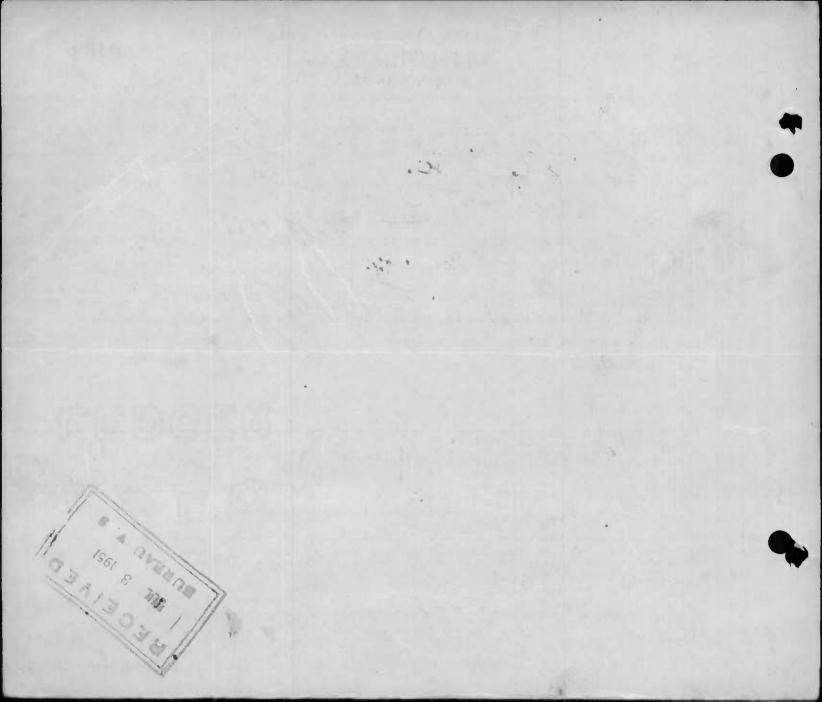
DATE REC'D BY LOCAL

6

REG. 630

VREGIST RAR'S

T	LUT	DEAT	П	(102	
L	EXAM	HNERS		Reg. Dist. N	351
	2. USUAL STATE	RESIDENCE	OME) OF DE	CEASED.	Lersen
	CITY (I OR TOWN	I outside corporal	to limite, write	RURAL and gi	ve nearest/town)
	STREET		Lor N	give location)	-
	(Last)		4. DATE OF DEATH	(Month)	(Day) (Year
-	ONT	PIRTH 9	9. AGE last bir	thday If under Months	Tyear If under 24 Days Hours M
	11. BIRTH	PLACE (Style or	foreign country	4-1	2. CITIZEN OF WELL
	14. MOTH	ER'S MAIDEN	NAME	Hand.	1
8	17. INFOR	MANT AND AD	DRESS	T-t	Solgow.
E	TIPICATIO	N			INTERVAL BETWE
_	10	nne	1 00	susi	ONSET AND DEA
					WASHING DEA
				8 8 m 8 00 m m m m m m m m m m m m m m m	vo ea sa sa sacar go eo sonre compocació
1	47	1 1	9.		
1	room	vonce	Jan	- way	20. AUTOPSY?
		(CITY OR T	OWN)	(COUNTY	Yes No No (STATE)
	HOW DI	D INJURY OCC	CUR?		
4	4	To an action	*	12	A (1
cea	undeternit	n the dry stated ned	l above, and	death in my	from the evidence opinion resulted
72	ADDRES	verm	ok Ci	tima	DATE SIGNED
EF	OR CRE	MATORY	Cosler	y, town, or cour	el Wistato
	24/FENE	RAL DIRECTOR	2 //	11	A ADDRESS /

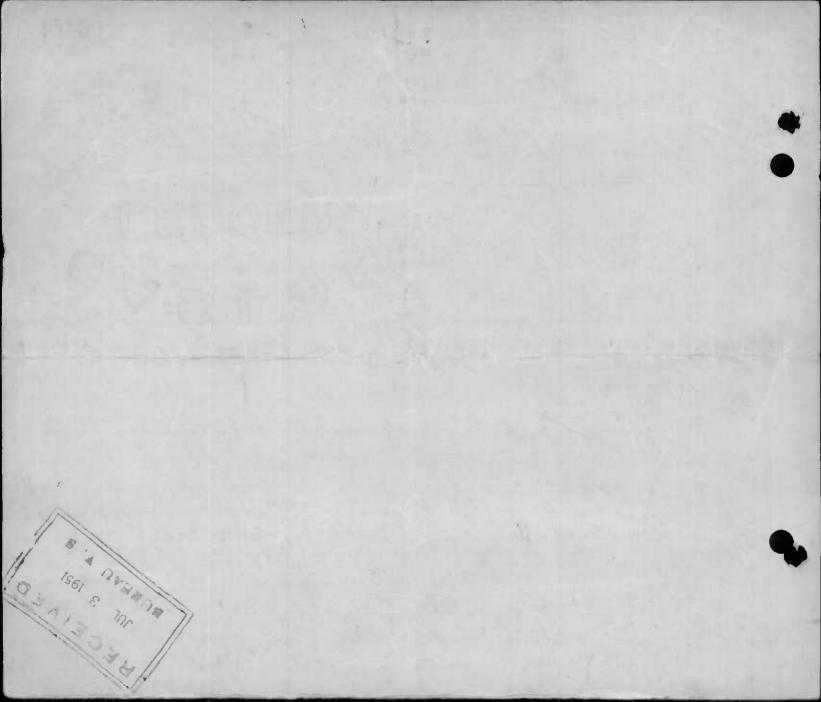


CERTIFICATE OF DEATH

e co	FOR MEDICAL EXAMINERS	Reg. Dist. No. 33/
H.	1. PLACE OF DEATH- COUNTY COUNTY STATE 2. USUAL RESIDENCY STATE	OME) OF DECEASED COUNTY
efully gibly.	OR give nearest town) OR TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR TOWN TOWN	orate limits, write HURAL and give nearest town)
Supply every item of information carefully write the causes of death clearly and legibly	HOSPITAL OR INSTITUTION OR STREET ADDRESS	(If rural, give location)
matio	3. NAME OF (First) (Middle) (Lage) (Type or Print)	4. DATE (Month) (Day) (Year) OF DEATH LUCE 23 1987
infor th cle	5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. 8 DATE OF BRITH WIDOWED, DIVORCED. 8 1423	9. AGE last birtiday If under I year If under 24 br Months Days Hours Min
of dea	done during most of working life, even if retired) 10b. Find of Business in III. BIRTH LACE (State Industry)	
ry ite	Carrie Kines aters 14. MOTTERS MAIDE	N NAMO Lake
y eve	(Yes, no, or unknown) (If yes, give war or dates of lervice)	aters Frothe de
Suppl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
INK. please	Immediate cause (a) Henry	1, -
G III	182, 6 Antecedent cause(s) here to Star-Ground - O	me left lots /
NFADING Physicians:	giving rise to the above cause stating the underlying cause last track of Arnument . * Arnument.	11-
	II. OTHER SIGNIFICAN CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
WITH U important.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!
	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office hide perchange of the contribution of the contrib	till Warrent My
LAINLY especially	TIME (Nonth) (Day) (Year) (May) NJURY OCCURRED NOT DID INJURY OF INJURY OF A Work at work at work of the control of the contro	lay back during a higher
being our	22. I sertify that I took charge of the remains described above, held an Autopsy , Inspection of tained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day sta	Inquiry thereon and from the endence
RITE	SIGNATURE, accident , suicide , homicide , undetermined	DA In DATE SIGNED
E :	23 DOLL CREMATION DATE THEREOF / NAME OF LEMETERY OR CREMATORY	1 DCATION (City, Jown, or Jounty) (Stand)
EAS	DATE REC'D BY LOCAL AREGISTRAR'S GRATURE	ADDIESS
/a	REG. 6/25 A REPORT SWITTER OF SOUTH	Johnsey Speach ill my

MARGIN RESERVED FOR BINDING

The correct age



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06465 Reg. Dist. No. 350

1. PLACE OF DEATH COUNTY W	orcester	MARYLAND	2. USUAL RESIDENCE (F STATE Maryla	nd Word	COUNTY COUNTY COUNTY
CITY (If outside corporate limits, write RURAL and OR givo nearest town) POCOMOKE LIFETIME			CITY (If outside corpora OR TOWN POCOMO	ate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	s Second S	t.	STREET ADDRESS Second	(If rural, give loo	ation)
3. NAME OF DECEASED (Type or Print)	Indiana	(Middle) Wi	(Last) Lkerson	4. DATE (Mor OF Tune	nth) (Day) (Year) 25, 1951 19
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) IL I I CO	s. DATE OF BIRTH	9. AGE last hirthday 77 yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of wo	TION (Give kind of work rking life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY HOME	Maryland	r foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
William			Mary F. Watso		
(Yes, no or unknown)	or In U.S. Armed Forces (If yes, give war or dates of service) NOTE	7 16. SOCIAL SECURITY NO.	Bertha Lamber	tson, Poco	moke, Md.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR COM	NDITIONS DIRECTLY	LEADING TO DEATH		,	ONSET AND DEATH
T 11 4	(4)	Wang some	- rucher of	vat	10 days.
Immediate	cause (a)	100			
Antecedent	cause(s)	aroninge	lesases 9	enerale.	ed.
giving rise to	the above cause	0	2 016	X	
6 atating the un	derlying cause last (c)	Diahekes	melleta	0	
		h.			
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR T	OWN) (CO	OUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m,	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certif	y that I attended the	deceased from Aug	, 1950, to Jun	425 ₁₉₅ 7, that	I last saw the deceased
alive on Sus	195/, an	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the	date stated above. DATE SIGNED
Charles	W. Frader	MO	Pocomohe !	us, Ind.	June 26, 1951
23. BURIAL, CREMA BUT 1 L. (Specif		Goodwill ME	E Cemetery F	RFD, Pocomo	ke, Ma.
DATE REC'D BY L		SIGNATURE	24. FUNERAL DIRECTO	_	ADDRESS
plue 2)	19511 Chin	CONTRILL	Henry H. Wats	son, Pocomo	ke, Md.

